THE ALIENATED CHILD
A Reformulation of Parental Alienation Syndrome
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In this article, controversies and problems with parental alienation syndrome are discussed. A reformulation focusing on the alienated child is proposed, and these children are clearly distinguished from other children who resist or refuse contact with a parent following separation or divorce for a variety of normal, expectable reasons, including estrangement. A systemic array of contributing factors are described that can create and/or consolidate alienation in children, including intense marital conflict, a humiliating separation, parental personalities and behaviors, protracted litigation, and professional mismanagement. These factors are understood in the context of the child's capacities and vulnerabilities.

The angry alienation of a child from a parent following separation and divorce has drawn considerable attention in custody disputes for more than two decades and, more recently, has generated considerable legal, psychological, and media-based controversy. The clinical phenomenon of the child's strident rejection of a parent, generally accompanied by strong resistance or refusal to visit, was originally described as a pathological alignment between an angry parent and an older child or adolescent that arose from the dynamics of the separation, including the child's reaction to the divorce (Wallerstein & Kelly, 1976, 1980). Gardner (1987, 1992) later coined the label \textit{parental alienation syndrome} (PAS) to describe a diagnosable disorder in the child occurring in the context of a custody dispute, and it is this entity that has generated both enthusiastic acceptance and strong negative response. Gardner (1998) described PAS as a child's campaign of denigration against a parent that has no justification and that results from the combination of two contributing factors: the programming or brainwashing by one parent and the child's own contributions to the vilification of the target parent. He notes that the indoctrinating parent is usually the mother and that false allegations of sexual abuse are common.

The controversy regarding PAS has focused on a number of criticisms, only some of which will be discussed here (see also Faller, 1998; Williams, 2001 [this issue]). First and foremost, PAS focuses almost exclusively on the alienating parent as the etiological agent of the child's alienation. This is not supported by considerable clinical research that shows that in high-conflict divorce, many parents engage in indoctrinating behaviors, but only a small proportion of children become alienated (Johnston, 1993). In other cases, it can be shown that some children (especially adolescents) develop unjustified animosity, negative beliefs, and fears of a parent in the absence of alienating behaviors by a parent (Johnston, 1993). Hence, alienating behavior by a parent is neither a sufficient nor a necessary condition for a child to become alienated.

Second, Gardner has formulated a definition of PAS that includes its hypothesized etiological agents (i.e., an alienating parent and a receptive child). This renders his theory of the cause of PAS unfalsifiable because it is tautological (i.e., true by definition). Third, because there is no "commonly recognized, or empirically verified pathogenesis, course, familial pattern, or treatment selection" of the problem of PAS, it cannot properly be considered a diagnostic syndrome as defined by the American Psychiatric Association (1994). If PAS is
considered a "grouping of signs and symptoms, based on their frequent co-occurrence," it could be considered a nondiagnostic syndrome, but this sheds no light on cause, prognosis, and treatment of these behaviors. Hence, the term PAS does not add any information that would enlighten the court, the clinician, or their clients, all of whom would be better served by a more specific description of the child's behavior in the context of his or her family. Fourth, using the terminology of a medical syndrome to explain the behavior of family social systems engenders controversy among mental health professionals of different philosophical orientation and training, ensuring that the validity of PAS will continue to be debated. Finally, there is a relative absence of any empirical or research support for the reliable identification of PAS, other than Gardner's (and other proponents') clinical experience and "expert testimony." It is unfortunate that many of Gardner's publications have been self-published and, therefore, have not benefited from the scrutiny of the larger community of peer reviewers.

Allegations of PAS have become a fashionable legal strategy in numerous divorce cases in which children are resisting contact with a parent, without due regard for possible historic reasons for such resistance within the marital home nor for the children's relationship with both parents (Rand, 1997a, 1997b; Walsh & Bone, 1997). Most controversial are the radical recommendations that follow from Gardner's view that an alienating parent is the principal if not the sole cause of the problem. In severe cases of PAS, he recommends changing custody (placing the child with the "hated" parent) as well as other punitive measures that have resulted, for instance, in the child's detention in juvenile hall or inpatient psychiatric facility, and/or the jailing and fining of the offending parent.

The indiscriminate use of PAS terminology has led to widespread confusion and misunderstanding in judicial, legal, and psychological circles. In the United States, some jurisdictions are now rejecting expert witness testimony on PAS based on the higher standards for admissibility of evidence contained in Daubert v. Merrill Dow Pharmaceuticals (1993), which have largely replaced the Frye (1923) standards in most states (Nelson & Downing, 1999; Williams, 2001; Wood, 1994). In the larger community, the concept of PAS has created its own gender politics, as father's rights groups and women's advocates have respectively exalted, used, and scathingly rejected Gardner's formulation. Several Web sites devoted to PAS are frequently visited. The media too has entered the debate with extensive stories and investigations, some well-balanced journalistic reporting and others sensationalized and one-sided (Carpenter & Kopas, 1998a, 1998b, 1998c; Farragher & Rodebaugh, 1989; Goldsmith, 1999; Stevens, 1996a, 1996b; Tanner, 1996). A more extensive review of the support for, and rejection of, PAS is beyond the scope of this article but can be found elsewhere (Clawar & Rivlin, 1991; Faller, 1998; Gardner, 1992, 1998; Nelson & Downing, 1999; Rand, 1997a, 1997b; Turkat, 1994; Waldron & Joanis, 1996; Williams, 2001).

Given the lack of empirical support for PAS as a diagnostic entity, the barring of testimony about PAS in some courtrooms, the overly simplistic focus on the brainwashing parent as the primary etiologic agent, and the frequent misapplication of Gardner's PAS theory to many diverse phenomena occurring in child custody disputes, there is a critical need to reformulate a more useful conceptualization than PAS. Indeed, there are many custody situations in which questions about alienation arise that need to be examined and understood to recommend effective legal and psychological interventions for the family.

This article presents a family systems formulation regarding the alienated child, and those that follow focus on legal and psychological case management, assessment where child alienation is suspected, therapeutic work with alienated children and their families, and a
view of parental alienation from the bench (Johnston, Walters, & Friedlande, 2001 [this issue]; Lee & Olesen, 2001 [this issue]; Sullivan & Kelly, 2001 [this issue]; Williams, 2001).

THE ALIENATED CHILD: A NEW FORMULATION

This formulation proposes to focus on the alienated child rather than on parental alienation. An alienated child is defined here as one who expresses, freely and persistently, unreasonable negative feelings and beliefs (such as anger, hatred, rejection, and/or fear) toward a parent that are significantly disproportionate to the child's actual experience with that parent. From this viewpoint, the pernicious behaviors of a "programming" parent are no longer the starting point. Rather, the problem of the alienated child begins with a primary focus on the child, his or her observable behaviors, and parent-child relationships. This objective and neutral focus enables the professionals involved in the custody dispute to consider whether the child fits the definition of an alienated child and, if so, to use a more inclusive framework for assessing why the child is now rejecting a parent and refusing contact.

DISTINGUISHING ALIENATED CHILDREN FROM OTHER CHILDREN WHO RESIST VISITATION

It is critical to differentiate the alienated child (who persistently refuses and rejects visitation because of unreasonable negative views and feelings) from other children who also resist contact with a parent after separation but for a variety of normal, realistic, and/or developmentally expectable reasons. Too often in divorce situations, all youngsters resisting visits with a parent are improperly labeled alienated. And frequently, parents who question the value of visitation in these situations are quickly labeled alienating parents.

There are multiple reasons that children resist visitation, and only in very specific circumstances does this behavior qualify as alienation. These reasons include resistance rooted in normal developmental processes (e.g., normal separation anxieties in the very young child), resistance rooted primarily in the high-conflict marriage and divorce (e.g., fear or inability to cope with the high-conflict transition), resistance in response to a parent's parenting style (e.g., rigidity, anger, or insensitivity to the child), resistance arising from the child's concern about an emotionally fragile custodial parent (e.g., fear of leaving this parent alone), and resistance arising from the remarriage of a parent (e.g., behaviors of the parent or stepparent that alter willingness to visit). (See Johnston, 1993; Johnston & Roseby, 1997; Wallerstein & Kelly, 1980.)

A CONTINUUM OF CHILD-PARENT RELATIONSHIPS AFTER SEPARATION AND DIVORCE

Children's relationships to each parent after separation and divorce can be conceptualized along a continuum of positive to negative (with the most negative being alienation) as shown in Figure 1.

Positive relationships with both parents. At the most healthy and benign end of this continuum are the majority of separated children who have positive relationships with both parents, value both parents, and clearly wish to spend significant (and sometimes equal) amounts of time with each parent. As an example, 13-year-old John railed angrily against his
mother who was insisting that she become the primary caretaker in the custody dispute and then said plaintively, "She doesn't understand that a kid needs both his mother and father... I get different things from my mom and my dad."

**Affinity with one parent.** Also at the positive and healthy end of the continuum are some children who have an affinity for one parent (see Figure 1) but desire continuity and contact with both parents. By reason of temperament, gender, age, shared interests, sibling preferences of parents, and parenting practices, these children feel much closer to one parent than the other. It is important to note that such affinities may shift over time with changing developmental needs and situations. Although these children may occasionally express an overt preference for a parent, they still want substantial contact with and love from both parents. Beth, an 11-year-old, explained that she loved both her parents but really liked doing "girl things" with her mom like shopping and talking. So, she said, "I want to live with my mom a bit more than my dad, but I really want to see him, too."

**Allied children.** Further along the continuum are children who have developed an alliance with one parent (see Figure 1). These are children who demonstrate or express a consistent preference for a parent during marriage or separation and often want limited contact with the nonpreferred parent after separation. Unlike the alienated child, children allied with one parent generally do not completely reject the other parent or seek to terminate all contact. Most often, they express some ambivalence toward this parent, including anger, sadness, and love, as well as resistance to contact.

Such alliances between children and parents might arise from intense marital conflict and flawed marital dynamics in which the children were encouraged to take sides or carry hostile messages and might intensify following separation. More often, alliances arise in older school-age children in response to the dynamics of the separation, involving children's moral assessment and judgment about which parent caused the divorce, who is most hurt and vulnerable, and who needs or deserves the child's allegiance and support.

Maria expressed her rage at her mother for "ruining my dad's life and my life! She's thinking only of herself... She's so selfish!" The anger and sadness of this 13-year-old about the divorce conjoined with her father's freely expressed anger at his wife and pain. Maria's moral outrage, including her initially expressed wish to live with her father, was quite supportive of and gratifying to him. In talking further with the mediator, Maria acknowledged quietly that she loved her mother, had been close to her during the marriage, and later conceded that maybe she would want to spend time with both parents.
These strong alliances, and the accompanying expressions of moral outrage and contempt, are most often temporary if the child has an opportunity to process the separation with a therapist or trusted adult or when the conflict subsides. But they might also consolidate into more hardened alignments or even alienation in the context of a bitter divorce with protracted litigation and may result in strong resistance to visiting. The key factor distinguishing these youngsters from children who are alienated is that most aligned children are able to acknowledge (sometimes begrudgingly) that they love the other parent but just do not like being with them or want that much contact at this point in time. Furthermore, they do not engage in the fierce, brittle remonstrations and cruel behaviors toward the rejected parent commonly observed in the alienated child. They are often protective of the preferred parent whom they perceive as wounded and needing their full attention.

Estranged children. Children who are realistically estranged from one of their parents as a consequence of that parent’s history of family violence, abuse, or neglect need to be clearly distinguished from alienated children (see Figure 1). Among this group are children who are estranged as a cumulative result of observing repeated violence or explosive outbursts of a parent during the marriage or after separation, or who were themselves the target of violence and abusive behavior from this parent. Often, they can only feel safe enough to reject the violent or abusive parent after the separation.

It is important to note that children do not have to be direct witnesses to violence; the child need only see the aftermath of the violence or be left in the care of a victim parent who is traumatized by severe marital abuse. And children also can be traumatized by an act of violence that from an adult’s perspective might not have been very serious or injurious. Some children have experienced an early traumatic incident involving excessive force or abuse toward a family member that after separation escalates into a powerful family legend that can contribute to child alienation in addition to estrangement. The mix of intense anger toward the abusive parent and phobic reactions to that parent caused by subconscious fear of retaliation looks like alienation. But unlike alienated children, the estranged children do not harbor unreasonable anger and/or fear. In all of these cases, the important reason for distinguishing children who have experienced family violence from those who are alienated is that they generally need a post-traumatic stress disorder intervention at the outset. Only after the trauma has been properly addressed should one consider whether interventions for alienation are necessary (see Lee & Olsen, 2001).

Other youngsters are estranged in response to severe parental deficiencies, including persistent immature and self-centered behaviors; chronic emotional abuse of the child or preferred parent; physical abuse that goes undetected; characterologically angry, rigid, and restrictive parenting styles; and psychiatric disturbance or substance abuse that grossly interferes with parenting capacities and family functioning. One year after divorce, Richard spoke repeatedly to his therapist and a mediator about his urgent desire to cease having contact with his mother, with whom he was living half the time. Now age 11, Richard quietly described her as

angry all the time. . . . It’s like she’s sticking pins in my brain. I can’t concentrate at her house. . . . I have to use all my energy just to stay calm.

She blames my father. . . . She says he’s turning me against her just like my brother was, but these are my own feelings, and she won’t believe that. It makes me so mad. . . . that, and also that she lies to therapists about stuff that happens. Therapists believe her ‘cause she’s the adult and I’m just a kid.
It is important to acknowledge that it is a healthy response when children, more often in later latency or adolescence, finally develop some capacity to clarify, make choices, and distance themselves from the corrosive effects of a parent who is unreliable, consistently inadequate, or abusive. Their estrangement is a reasoned, adaptive, self-distancing, and protective stance that has led to cognitive and affective differentiation of their parents. Children so estranged typically wish to severely limit contact with this deficient or frightening parent, but it is less common to refuse visits altogether.

Unfortunately, the responses of these realistically estranged children following separation are commonly and incorrectly interpreted and played out in custody disputes as PAS cases. The deficient, abusive, or violent parent frequently accuses the other parent of alienating the child against him or her. They vigorously resist any suggestion that marital violence or severe parenting deficiencies have negatively affected the parent-child relationship.

The alienated child. At the extreme end of the continuum in Figure 1 are children who are alienated from a parent after separation and divorce, who express their rejection of that parent stridently and without apparent guilt or ambivalence, and who strongly resist or completely refuse any contact with that rejected parent. For the most part, these rejected parents fall within the broad range of “marginal” to “good enough,” and sometimes “better” parents, who have no history of physical or emotional abuse of the child. Although there may be some kernel of truth to the child’s complaints and allegations about the rejected parent, the child’s grossly negative views and feelings are significantly distorted and exaggerated reactions. Thus, this unusual development, in the absence of the type of factors described above as leading to child estrangement, is a pathological response. It is a severe distortion on the child’s part of the previous parent-child relationship. These youngsters go far beyond alliance or estrangement in the intensity, breadth, and ferocity of their behaviors toward the parent they are rejecting. They are responding to complex and frightening dynamics within the divorce process itself, to an array of parental behaviors, and also to their own vulnerabilities that make them susceptible to becoming alienated. The profound alienation of a child from a parent most often occurs in high-conflict custody disputes; it is an infrequent occurrence among the larger population of divorcing children.

SYSTEMIC PROCESSES THAT POTENTIATE CHILD ALIENATION

To adequately diagnose and effectively intervene when a child is presented as alienated, a systems framework that assesses the multiple and interrelated factors influencing the child’s response during and after separation and divorce is critical. As illustrated in Figure 2, these include a set of background factors that directly or indirectly affect the child, specifically, a history of intense marital conflict; an intimidating separation; subsequent divorce conflict and litigation that can be fueled by professionals and extended kin; personality dispositions of each parent; and the age, cognitive capacity, and temperament of the child. A number of intervening variables can either moderate or intensify the child’s response to these critical background factors, including parenting beliefs and behaviors, sibling relationships, and the child’s own vulnerabilities within the family dynamics. As the child is affected by these background and intervening variables, the child’s responses affect many of these variables in a systemic feedback loop; the arrows in the Figure 2 schematic become two-directional.

Even when a child is not alienated—that is, he or she does not meet all the criteria for the definition of an alienated child—a number of these critical factors during separation and
divorce may place the child at risk for alienation in the future. These “alienating processes,” including children’s and parents’ psychological responses, need to be taken seriously and fully assessed for preventive action to be taken, especially when children are younger. Even so, it should be noted that the presence of alienating processes and typical alienating behaviors of parents do not predict that a child will become alienated with any certainty. It is hypothesized that the intensity and longevity of these alienating processes, when combined with other important parent and child variables described in this article, might create exponentially unbearable pressures on the child, resulting in alienation from a parent. The balance of this article describes the array of risk factors that potentiate alienation, with the recognition that individual cases will have a mixture of these factors.

CHILD TRIANGULATED IN INTENSE MARITAL CONFLICT

Prior to separation, some parents have used their children in the expression of the marital conflict. Typically, school-age children are invited to take sides in intense conflicts, be a messenger of the conflict, rescue a parent, and exclude or be punitive toward a parent. In some cases, the infant replaced the spouse at birth as the object of the aligned parent/s spouse’s affection and attachment. Subsequently, these toddlers had difficulty with psychological separation and individuation from a needy, dependent primary parent, usually the mother. The other (rejected) parent was effectively pushed out of his parenting role or was inconsistently available to the young child. In prolonged adversarial divorce proceedings, this hostile dynamic involving the child may continue into the divorce processes, placing the child at greater risk for becoming alienated.
SEPARATION IS EXPERIENCED AS DEEPLY HUMILIATING

Aligned parents who subsequently encourage the child's rejection of the other parent have commonly experienced the decision to separate as a deep narcissistic injury, as a complete abandonment, which results in profound humiliation and rage. This narcissistic injury also frequently occurs in response to the reasons for and manner in which the separation occurred, for example, no perceived emotional preparation, the presence of a lover, the decision to pursue a gay lifestyle, having the residence emptied of furnishings and children without notice, and so on. Even in the absence of a jarring separation experience, the rage of the narcissistically wounded spouse might result in vengeful behaviors, vindictiveness, and a complete blurring of boundaries between parent and child, often expressed as “He doesn't love us, otherwise he wouldn't have left us.”

HIGHLY CONFLICTED DIVORCE AND LITIGATION

Divorces characterized by bitter and protracted legal proceedings, continued verbal and/or physical aggression after separation, unsubstantiated allegations and counterallegations of child abuse, neglect, or parental lack of interest are also more likely to potentiate alienation in the child. Children are more at risk to be pulled into the high-conflict divorce as major players and Greek chorus. They are used as confidents about legal and financial matters, are given choices about whether and when they should see the nonresidential parent, and are exposed to frequent parental denigration of one or both parents. The intensity of the conflict, its continued burdensome presence for one or more years, the polarization of extended family and larger community, and the failure of parents to address their children’s needs combine to create intolerable anguish, tension, and anger for children. One psychological resolution for the child is to diminish the feeling of being torn apart by rejecting the “bad” parent and ceasing all contact.

Extreme anxieties regarding child support can be a potentiating factor as well: If the child refuses to visit, child support in most jurisdictions will increase significantly. Inappropriate discussions with children about financial discrepancies between households and the uncaring attitude of the other parent are common in intensely litigated divorce.

CONTRIBUTIONS OF NEW PARTNERS, EXTENDED KIN, AND PROFESSIONALS

New partners, particularly those perceived to be responsible for the breakup of the marriage, can serve as a lightning rod for rage about the divorce, and children in such situations often are faced with stark loyalty conflicts and hard choices. They, themselves, might feel betrayed by the discovery of a parent’s new partner. Strongly held religious beliefs and practices also might contribute to a child’s alienation through powerful parental, extended family, and congregational condemnation of a parent seeking divorce for their “immoral behavior and ungodly choices.”

One of the most unfortunate of alienating processes are the witting and unwitting contributions of family law attorneys, minor’s counsel, custody evaluators, and individual therapists for parents and children. Because cases in which children refuse to visit often are accompanied by allegations of emotional or physical abuse, neglect, or parental lack of interest in the child, most often framed and litigated in highly inflammatory language, professionals tend to become polarized themselves and take absolute, rigid viewpoints supporting their clients. Once enshrined in authoritative declarations in court papers, allegations become
treated as though they are objective facts. Furthermore, family members retrospectively review and revise their memories and beliefs in accord with these new “understandings.” When therapists selected for the child have no knowledge of child alienation processes or collaborative efforts needed to assist such children and families, considerable harm can be done in supporting and consolidating the child’s rage and unwarranted rejection of the parent. As will be described in the following articles, interdisciplinary team approaches and specific therapeutic models and techniques are crucial to keep these cases from spiraling further out of control and work toward more beneficial resolutions (Johnston et al., 2001; Sullivan & Kelly, 2001).

COMMON BEHAVIORS AND ORGANIZING BELIEFS OF THE ALIGNED PARENT

A range of alienating behaviors on the part of the aligned parent have long been recognized as contributing to a child’s alienated stance (Clawar & Rivlin, 1991; Gardner, 1987; Wallerstein & Kelly, 1980). Extremely negative views of the rejected parent may be freely, angrily, and repeatedly expressed to the child by the aligned parent: “She never wanted you,” “I was your real parent,” “You call me if your dad touches you anywhere,” “I’m sure he’ll be late as usual.” The effect of the continued drumbeat of negative evaluation of the parent is to erode the child’s confidence in and love for the rejected parent and to create intolerable confusion. These evaluations might also be expressed indirectly, covertly, or unconsciously and might include innuendoes of sexual or child abuse or implications that the parent is dangerous in other ways. Whether such parents are aware of the negative impact on the child, these behaviors of the aligned parent (and his or her supporters) constitute emotional abuse of the child.

Most often, aligned parents’ behaviors reflect several organizing beliefs that might not be consciously spiteful and vindictive but nevertheless are potentially very damaging to the child’s relationship with the other parent. As a consequence of their own deep psychological issues, the aligned parent can harbor deep distrust and fear of the ex-spouse and be absolutely convinced that he or she is at best irrelevant and at worst a pernicious influence on the child. Consequently, a first major organizing belief is that their child does not need the other parent in their lives. Although aligned parents might insist that the child is free to visit, the rejected parents’ attempts to visit or contact their child frequently are seen as harassment. Phone calls, messages, and/or letters are not passed on to the child. Information about school, medical, athletic, or special events are not provided to the rejected parent, in effect completely shutting that parent out of the child’s life. In the most extreme cases, all references to the rejected parent are removed from the residence, including pictures (which might be torn apart in front of the child to exclude that parent). In such situations, most children quickly learn not to speak of the rejected parent. In response to requests for access by the rejected parent, the aligned parent strongly supports their angry child’s “right to make their own decision” about whether they will visit.

A related set of alienating behaviors of aligned parents confirm for the child that the other parent is not worthy of the child’s attentions. The rejected parent is denigrated in many ways, and the personality and parenting flaws of the rejected parent are exaggerated and discussed frequently in the child’s presence. Children receive a very sympathetic ear when they bring
back to the aligned parent their own observations of the rejected parents' failings in postvisit debriefing sessions and journal writing.

Second, the aligned parent often fervently believes that the rejected parent is dangerous to the child in some way(s): violent, physically or sexually abusive, or neglectful. Therefore, the aligned parents' behaviors are aimed at blocking access to the child. A campaign to protect the child from the presumed danger is mounted on multiple fronts, often involving attorneys, therapists, pediatricians, and school personnel. Behaviors include seeking restraining and supervised visitation orders, installing security equipment at the residence, and finding reasons to cancel visits when orders for contact exist. If the child does visit the rejected parent, the portrayal of the "dangerous" parent is reinforced by calling into the rejected parents' home every hour during a visit to "check up" on the child's well-being and by debriefing children after a visit to detect "negative" occurrences or feelings. Sometimes, earlier disciplinary interactions involving angry or confrontative (but not abusive) behaviors by the rejected parent are repackaged as confirmation of violence toward the child.

A third organizing belief of the aligned parent is that the rejected parent does not and has never loved or cared about the child. Behaviors and strategies arising from this belief include repeated stories to children of "evidence" supporting the belief that the parent was never involved ("he went bowling when you were sick") or demonstrating the parent's presumed lack of interest when, for example, he fails to appear for a school or special event (about which he had been given no notice).

Both empirical research and clinical observation indicate that there is often significant pathology and anger in the parent encouraging the alienation of the child, including problems with boundaries and differentiation from the child, severe separation anxieties, impaired reality testing, and projective identifications with the child (Dunne & Hedrick, 1994; Johnston, 1993; Johnston & Roseby, 1997; Lampel, 1996; Lund, 1995; Wallerstein & Kelly, 1980). It is not a normal parental strategy to encourage the complete rejection of the other parent. Even when there is history of child abuse, the other parent is mentally ill, or the child’s safety is endangered, the average parent will seek different avenues and more rational means of protecting the child. Furthermore, such parents often recognize that their child loves that parent despite the destructive behavior.

It should be noted that the divorce process and its professional participants often mobilize and enable these aligned parents to present themselves in a coherent, organized manner. The nature of the adversarial process encourages hostile, polarized, black-and-white thinking with little challenge, presents perceived truths as facts and fuels and channels rage in a scripted manner. The intensity and duration of the legal fight may also serve as an antidote to depression.

BEHAVIORS OF THE REJECTED PARENT THAT CONtribute TO CHILD ALIENATION

It is apparent that in many cases of alienated children, parents who are rejected have contributed to the alienation in one or more significant ways. It is important to state, however, that these rejected parents' behaviors do not by themselves warrant the disproportionately angry response of the child nor the refusal to have contact. Their parental involvement and capacities were generally within a normative range but might have become compromised by the marital conflict, the divorce disputes, and the child’s problematic response.
PASSIVITY AND WITHDRAWAL IN THE FACE OF HIGH CONFLICT

Some rejected parents, made anxious or immobilized by interpersonal and legal conflict, withdraw from the battle over contact with their child for some considerable period. They cease attempts to call or communicate with the child, give up attempts to reconcile with the child in therapy, or come to believe that the legal system is impotent to effect change. Others withdraw because of lack of financial resources or feelings of helplessness about what to do to restore the parent-child relationship. Alienated children, having been bombarded with messages that the other parent does not love them, see the withdrawal as a lack of interest and abandonment, which might further fuel their rage. Such parents need coaching to assist them in remaining connected with their children.

COUNTERREJECTION OF THE ALIENATED CHILD

When rejected parents feel that they are being abusively treated by an alienated child who is also refusing all efforts to reconnect, they can become highly affronted and offended by the lack of respect and ingratitude afforded them. Hurt and humiliated, some rejected parents react to the child's alienation with their own rejection. Their anger might also stem from sheer frustration and lack of patience or might arise from retaliatory needs to treat the child in the same manner in which they have been treated. The counterrejection is felt by the child, and reinforced by the aligned parent, as confirmation of the rejected parent's lack of interest and love, which often leads to intensified condemnation of the "bad" parent.

HARSH AND RIGID PARENTING STYLE

Sometimes, rejected parents have demonstrated a harshness, lack of empathy, and rigidity in their parenting style that however, does not rise to the level of emotional or physical abuse. When aligned parents allege child abuse or poor parenting, these charges resonate and conjoin with the alienated child's prior experience, leading the alienated child to reject the parent on these grounds. In the more typical divorcing family, such a parenting style might cause future difficulties in parent-child relationships, as they do in married families, when children move into adolescence and challenge the rigidity and harsh parental rules, but it would not lead to complete rejection and refusal to have contact.

REJECTED PARENT IS SELF-CENTERED AND IMMATURE

Another potential contribution of rejected parents in consolidating the child's alienation might be a self-centered, immature personality. The child might have observed this parent's putting his or her needs ahead of the child's during the marriage (e.g., playing golf with friends rather than attending the child's soccer game). Now, in the custody battle, these behaviors are focused on, exaggerated, and come to symbolize the parent's disinterest in the child. Again, the rejected parent's behaviors are not necessarily different from many average married families and do not warrant the extent of fury and denigration typical of the alienated child.
REJECTED PARENT HAS CRITICAL AND DEMANDING TRAITS

Rejected parents might have exhibited critical and demanding behaviors in parent-child interactions during the marriage. In the high-conflict custody dispute, such behaviors might take on new meaning and contribute to alienation. Demands for straight As, perfection in athletic performance, or unwise and angry criticism of their children’s appearance and friends, although not at the level of emotional abuse, can contribute to the child’s alienation in the context of the other operative factors. Interestingly, this demanding, critical behavior on the part of the rejected parent might be a consequence of his or her perception that the aligned parent is far too permissive and nondemanding. In turn, the aligned parent counterreacts to the perceived harshness and overcompensates by becoming even more lenient or overprotective with the child.

DIMINISHED EMPATHY FOR THE ALIGNED CHILD

Related in part to the above categories is the observation that rejected parents often cannot differentiate the needs and behaviors of their alienated child from the motivations and behaviors of the aligned parent. They believe that the child does not really feel this way at all and is only the mouthpiece for the angry accusations and denigration of the aligned parent. In their anger toward the aligned parent for creating the child’s alienation, they have little empathic connection with the child and cannot be emotionally available to their child even when they raise legitimate complaints. This lack of empathy or even subtle dismissal of the child’s feelings can lead to intensified fury in the child and can further deepen the alienation.

DEVELOPMENTAL STAGE AND VULNERABILITIES OF THE CHILD TO ALIENATION

Children’s responses to alienating processes and to the behaviors of each parent are influenced by their own psychological, cognitive, and developmental strengths and vulnerabilities and by external arrangements involving the rejected parent.

THE CHILD’S AGE AND COGNITIVE CAPACITY

For children to form alignments with an angry parent and correspondingly reject the other parent, they need sufficient cognitive and emotional maturity. Because expressions of moral outrage and judgments are common among alienated children, they must also have achieved the stage in their development in which moral valuations and judgments are operative. Furthermore, the rage and contempt expressed by many alienated children reflect the normative increases in anger expected in the preadolescent and adolescent youngsters. These developmental achievements coalesce to create a receptivity to alienating processes and negative parental behaviors. For these reasons, it is unusual to see children whose alienation from a parent is consolidated and hardened prior to age 7 or 8. Younger children more often forget their scripts, let go of their anger, and have inconsistencies in their presentations. They are not particularly useful allies or loyal soldiers; they fail to follow parental agendas and too often enjoy themselves with the other parent once out of range of the aligned parent.

However, children younger than 7 or 8 with attachment difficulties and intense anxiety at separation from their custodial parent are at considerable risk for developing a more consoli-
dated alienation as they get older, if circumstances do not improve. And some well-rehearsed younger children whose older siblings are alienated might appear to be alienated as they parrot the language and ideas of the older sibling and are kept in the mode of parental rejection by the vigilant monitoring of their sibling. They are very much at risk for developing their own consolidated alienation as their cognitive and emotional abilities mature and must be protected by well-conceived interventions (Johnston et al., 2001; Sullivan & Kelly, 2001). Overall, the most common age range of the alienated child is from 9 to 15, although some older adolescents and young adults also can become alienated. There appear to be no sex differences among these youngsters in propensity to become an alienated child (Johnston & Campbell, 1988; Lampel, 1996; Wallerstein & Kelly, 1980).

**CHILD FEELS ABANDONED BY THE REJECTED PARENT**

Another common alienating element occurs when children feel that a parent has abandoned them when he or she leaves the family residence. Among these children are those who were more favored among siblings by the departing parent or who were very confused about why the separation is occurring. Others resented the presence of a new lover in that parent's life and perceived the attention to that person as a defection, or they were so furious about the divorce that they interpreted any diminished attention by the parent as an abandonment. And some relied heavily on the stability, attention, and unconditional love of the parent who left the household. In high-conflict divorces, some nonresidential parents do not see their children for a number of months due to high legal conflict about access and the absence of interim orders. When this occurs, feelings of abandonment and anger often deepen and put children at risk for becoming alienated.

**TEMPERAMENT AND PERSONALITY VULNERABILITIES**

In general, a child's vulnerability to alienation increases with greater psychological adjustment problems in the child (Johnston, 1993; Lampel, 1996; Wallerstein & Kelly, 1980). Anxious, fearful, and passive children lack the resiliency to withstand the intense pressures of the custody battle and the aligned parents' alienating behaviors. It might be psychologically easier for them to choose a side to avoid crippling anxiety. Children with poor reality testing are more likely to be vulnerable, particularly in the absence of other family members or professionals assisting the child by clarifying the troubling and confusing events and behaviors associated with the divorce. Furthermore, children with psychological adjustment problems are more likely to feel responsible for the divorce, which might increase vulnerability to alienation. In addition, poor self-esteem makes children especially susceptible to promises of enduring love, especially when a parent has been rejecting and ambivalent toward the child.

Some children have cognitive limitations that render them more vulnerable, including cognitive confusion, black-and-white thinking, concreteness, and poor analytic and problem-solving abilities. In contrast, children who are insightful, clear thinking, morally developed youngsters more often can maintain balance throughout the high-conflict divorce. Although pressured by alienating processes and parents, they can analyze their parents' behaviors and the nature of their parent-child relationships and, despite their anger and sadness, can stay connected to each parent.
OTHER PARENT-CHILD RELATIONSHIP FACTORS

Other factors embedded in the parent-child relationship create vulnerability in children. Those children who are very dependent on the aligned parent, either emotionally or physically, are also more likely to respond to alienating processes and behaviors. Some of these youngsters have a history of being conditionally loved and erratically rejected by the aligned parent, and the child's complete rejection of the other parent might offer a long-sought opportunity to achieve total acceptance and unconditional love. Threats by the enraged, aligned parent to disown the child if they choose to visit the other parent are inordinately powerful alienating behaviors and are extremely difficult to withstand. Other children have historically been more identified with the aligned parent and more readily reject the other maligned parent to preserve the core aspects of their own identity. In addition, some youngsters have taken the role of rescuing the depressed and hurt parent in the marriage or after separation, and this role reversal, in the context of protracted legal conflict, creates a vulnerability to strongly align with that needy parent.

LACK OF EXTERNAL SUPPORT FOR THE CHILD

External factors contributing to increased child vulnerability include a history of infrequent or total lack of contact with the rejected parent. In these cases, the effects of the alienating behaviors of the aligned parent are exacerbated when there is no opportunity to spend significant time with the rejected parent and his or her extended family. Children are not able to test and retest the reality of that parent and his or her behavior and to compare their current observations with their own distorted memories or with the negative accounts of the aligned parent. Furthermore, because false allegations of sexual or child abuse most often result in limited and supervised visiting for many months, the presence of this supervision framework promotes children's acceptance that a parent is dangerous or hurtful. Once evidence accumulates that no abuse has occurred, damage to parent-child relationships is often quite extensive and creates formidable barriers to reconstructing the relationship between rejected parents and their children.

When children have few external resources—such as therapists, extended family members, or other trusted adults—their vulnerability increases, particularly if they are emotionally isolated with the aligned parent. It is important, of course, that these helping individuals avoid taking sides and remain emotionally available to these children as safe harbors for discussion.

THE RESPONSE AND BEHAVIORS OF THE ALIENATED CHILD

It is important to discuss the typical clinical presentation of alienated children. For the most part, our observations of the behaviors and emotional responses of alienated children are similar to those reported by others (Gardner, 1987, 1992; Wallerstein & Kelly, 1980). By definition, the core feature of alienated children is the extreme disproportion between the child's perception and beliefs about the rejected parent and the actual history of the rejected parents' behaviors and the parent-child relationship. Unlike most aligned or estranged youngsters, alienated children freely express hatred or intense dislike toward the rejected parent. They demonize and vilify that parent, often present trivial reasons to justify their hatred, and usually are not reticent about broadcasting the perceived shortcomings of the par-
ent to others. This is particularly baffling to the rejected parent, extended family, and other adults knowledgeable about the prior parent-child relationship. Most often, as stated above, rejected parents have had at least an adequate relationship with these children, and the angry rejection is not merited, even when contributions of the rejected parent are taken into account.

One of the most common behaviors of alienated children is their strongly expressed resistance to visiting the rejected parent and, in more extreme cases, an absolute refusal to see the parent in any setting, including a therapeutic one, and a desire to unilaterally terminate the parent-child relationship. These children want only to talk to lawyers who represent their viewpoint and to those custody evaluators and judges whom they believe will fully support their efforts to terminate the parent-child relationship once they hear all the “facts.” To all, they strongly advocate for their right to choose whether they will see their parent.

Another feature of alienated children is the manner in which they present their stories. Their allegations about the rejected parent are mostly replicas or slight variants of the aligned parents’ allegations and stories. These scripted lines are repeated endlessly but most often are hollow, without underlying substance, texture, or detail to support the allegations. They have adopted the allegation(s) but, unlike children with histories of abusive treatment, do not have compelling supporting information. Generally, alienated children sound very rehearsed, wooden, brittle, and frequently use adult words or phrases. They appear not to be guilty or ambivalent as the children denigrate, often viciously, the rejected parent. Sometimes, they appear to be enjoying themselves. There is no obvious regret.

One of the sobering aspects of these presentations is that alienated children have essentially been given permission to be powerful and to be hostile and rude toward the rejected parent, grandparents, and other relatives. Furthermore, assisting in orchestrating the obliteration of a parent does not bode well for their future social and emotional adjustment. Sadly, even previously cherished pets, now in the custody of the rejected parent, might be denigrated, and the children proudly describe the virtues of their new and extremely perfect replacements provided for them by aligned parents.

And finally, alienated children often idealize or speak glowingly of the aligned parent as an adult and parent. They refuse to consider any information that might undermine this viewpoint of their perfect companion and parent, and they vigorously reject any suggestion that their obsessive hatred of the rejected parent has any relationship to the views or behaviors of the aligned parent. They might describe how that parent is suffering, has been harmed economically and emotionally by the rejected parent, and is worthy of their total allegiance.

It is important to note that some alienated children—although they present as very angry, distraught, and obsessively fixated on the hated parent in the therapist’s or evaluator’s office—appear to function adequately in other settings removed from the custody battle. They might retain their school performance, might continue to excel in musical or athletic activities, and at least superficially seem reasonably well adjusted. A closer look at their interpersonal relationships, however, often reveals difficulties. Alienated children’s black-and-white, often harshly strident views and feelings are usually reflected in dealings with their peers as well as those in authority. However, it is in the rejected parents’ home that the child’s behavior is severely problematic and disturbed. They might destroy property; act in obnoxious, even bizarre, ways; and treat these parents in public with obvious loathing, scorn, and verbal abuse. They prefer to be in contact constantly with their aligned parent by telephone, at which times, they whisper hostile observations about the rejected parent’s words, behaviors, meals, and personality. If they are resisting or refusing contact, all efforts of the rejected parents to communicate directly with their children are rebuffed, including
demands that the parent never contact them again, stop harassing them with presents and letters (which often are discarded or unopened), and cease their useless legal efforts and court appearances.

CONCLUSIONS

The complexity of these very challenging and demanding cases requires a full assessment to understand the multiply determined factors and influences leading to the children’s abrupt rejection of a previously acceptable and meaningful relationship. Each of these influences has its own particular weight and significance for a particular child in a particular family. No one factor produces the alienated child. A full understanding of this pathological development in the parent-child relationship, most often separation engendered, can then lead to an effective plan and structure for legal, judicial, and therapeutic interventions directed at resolving the profound alienation of the child from the parent.

NOTE

1. It should be noted that marital and divorce conflict that focuses on the child, and high intensity and overly hostile marital conflict, are well established predictors of psychological adjustment problems in children (Amato, Loomis, & Booth, 1995; Buchanan, Maccoby, & Dornbusch, 1991; Buehler et al., 1998; Cummings & Davies, 1994; Gyrch & Fincham, 1993; Kelly, 2000; Kline, Johnston, & Tschann, 1990; Vandewater & Lansford, 1998).

REFERENCES


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